



Substance Abuse  
and Mental Health Services

An Office of the  
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services  
Substance Abuse and Mental Health Services  
41 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel.: (207) 287-2595; Fax: (207) 287-4334  
TTY Users: Dial 711 (Maine Relay)

**Maine Prescription Monitoring Program (PMP)**  
**Prescriber/Dispenser Registration Form**

This form is required for the approval of your registration for the use of the PMP data query site. Submission of this form does not guarantee approval of your PMP registration. **Completed and signed original forms can be faxed to 207-287-8910 or mailed to the address below.** If it is approved, you will receive instructions on accessing your account via your registered email address. Mail the original form to:

Maine Prescription Monitoring Program (PMP)  
DHHS Substance Abuse and Mental Health Services  
41 Anthony Ave, 11 State House Station  
Augusta, Maine 04333-0011

After you receive your account information, you may begin requesting reports. If you have any questions or need assistance in accessing the PMP system, please feel free to contact the Office of Substance Abuse and Mental Health Services at (207) 287-2595 or [samhs.irc@maine.gov](mailto:samhs.irc@maine.gov).

Last Name\* \_\_\_\_\_

Fax \_\_\_\_\_

First Name\* \_\_\_\_\_

Email\* \_\_\_\_\_

Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Date of Birth\* \_\_\_\_\_

Business Name\* \_\_\_\_\_

License Type\*: CNM, DDS, DPM, DMD, DO,  
(circle one) MD, NP, PA-C, PharmD, RPh

Street Address\* \_\_\_\_\_

State License Number\* \_\_\_\_\_

Delivery Address \_\_\_\_\_

NPI \_\_\_\_\_

City\* \_\_\_\_\_

Specialty\* \_\_\_\_\_

State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

DEA Number(s)\* \_\_\_\_\_

Phone\* \_\_\_\_\_

DEA Suffix (*For Resident*) \_\_\_\_\_

\* *Required field*

I affirm that all information on this registration form is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes. According to Title 22, Chapter 1603, "a person who knowingly releases, obtains, or attempts to obtain information from the program in violation of Chapter 1603 shall be punished by civil fine." All data obtained from the site should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained.

Signature\* \_\_\_\_\_

Date\* \_\_\_\_\_

----- for Office use only -----

Date Received:

User Name \_\_\_\_\_

Approved/Denied \_\_\_\_\_

Aug 2015